CO070039 Incoming CC: Steve D (DOMONBOWIE-1 OPID: E

OP ID: BH



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/13/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

1	CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	SURANC	E DOES NOT CONSTITUT					
t	MPORTANT: If the certificate holder he terms and conditions of the policy certificate holder in lieu of such endors	is an Al	DDITIONAL INSURED, the policies may require an er	policy(ies) must b ndorsement. A sta	e endorsed. tement on t	If SUBROGATION IS V	AIVE	D, subject to r rights to the
-	DDUCER	sement	502-493-2370	CONTACT NAME:				
Central Insurance Services				PHONE	FAX (A/C, No):			
	0 Taylorsville Rd uisville, KY 40220			PHONE (A/C, No, Ext): E-MAIL ADDRESS:				
Rol	bert P. Wessel, Jr. CPCU				SURER(S) AFFORDING COVERAGE			NAIC #
				INSURER A : Nation				19445
INS	URED Canyon Fuel Company, L	LC		INSURER B :				
	Bowie Resource Partners			INSURER C :				E POSTERIO
	Jim Wolff 6100 Dutchman's Lane S	to 002		INSURER D :				
	Louisville, KY 40205	16 302		INSURER E :				
				INSURER F :				
CC	VERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:		
T	HIS IS TO CERTIFY THAT THE POLICIES NDICATED NOTWITHSTANDING ANY REJECTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSU	URANCE LISTED BELOW HAV JENT, TERM OR CONDITION ( J. THE INSURANCE AFFORDS	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE	D HEREIN IS SUBJECT TO	CTT	O WHICH THIS
INSR	Type of wounding	ADDL SUE	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		s	
Α	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	INGN IIV		02/01/13	02/01/14	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s	2,000,000 1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s	10,000
	P. Lowis Hardell Co.					PERSONAL & ADV INJURY	s	2,000,000
						GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC					Emp Ben.	\$	1,000,000
	AUTOMOBILE LIABILITY	98		7 2 2 2 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	A 778	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
							\$	40,000,000
Α	UMBRELLA LIAB OCCUR			02/01/13	02/01/14	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	10,000,000
	DED X RETENTIONS 10,000					WC STATU- OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS   ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E L EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under			-		E.L. DISEASE - EA EMPLOYEE	-	
_	DÉSCRIPTION OF OPERATIONS below	_		02/01/13	02/01/14	E.L. DISEASE - POLICY LIMIT  EXCESS	\$	15,000,000
В	EXCESS UMBRELLA			02/01/13	02/01/14	UMBRELLA		10,000,000
PER	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL MIT DUG OUT CANYON MINE COL LUDED UNDER THE POLICY	ES (Attach	h ACORD 101, Additional Remarks So BLASTING AND USE OF	chedule, if more space is	required)	REC		
						GCT	0 3	2013
						DIV. OF OIL,	GAS	& MINING
CERTIFICATE HOLDER CANCELL				CANCELLATION				
<u>JE</u> 1	Utah Dept of Natural Reso		UTAHDEV	SHOULD ANY OF	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.	ANCE BE D	LLED BEFORE ELIVERED IN
	1694 W. North Temple Suite 1210 Salt Lake City, UT 84114-5			AUTHORIZED REPRESE Robert P. Wesse		Level, &		